



8305 Stayton Dr, Jessup, MD 20794
Office: 301-621-8140 Fax: 410-381-6188

Credit Card Authorization form

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____			
Card Number: _____			
Card Identification Number: _____ Visa/MasterCard/Discover: 3 digits (back of card), Amex: 4 digits (front of card)			
Expiration Date (mm/yy): _____			
Cardholder's billing address: _____ _____			

Customer and Invoice Information	
Customer ID: _____	Customer/Store name: _____
Invoice No: _____	
Invoice(s) amount:	\$ _____(USD)
Plus 3% fee:	\$ _____(USD)
Total amount charge:	\$ _____(USD)

I, _____, authorize Eastland Food Corp to make a one-time charge
(Full Name) (Merchant's Name)
the amount listed above to the credit card provided herein. I agree to pay for this purchase in
accordance with the issuing bank cardholder agreement.

AUTHORIZED SIGNATURE _____ **DATE** _____

PRINT NAME _____